PATENT APPLICATION FEE DETERMINATION RECORD Effective JANUARY 2003

Application or Docket Number

09	1555	809
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_			nective Ji	4 <i>NOT</i> 139 , 200	U .3		09	153	5 80	19
		CLAIMS		D - PART I	(Column 0)		I ENTIT	Y	OTH	iĒŘ THAN
T	OTAL CLAII	MS	1001	unin ij	(Column 2)	TYPE				LL ENTIT
F	OR	·····	MILIM	BER FILED	NUMBER EXTRA	BASIC		EE	RAT	
TO	OTAL CHARC	GEABLE CLAIM	— / / /		TOMBEN EXTRA	┪		.00	OR BASIC I	EE 770.0
┢╾		· · · · · · · · · · · · · · · · · · ·		71111US 20=	· · · · · · · · · · · · · · · · · · ·	X\$ S)=	C	R X\$18	=
	DEPENDENT		1 4	minus 3 =	· · · · · · · · · · · · · · · · · · ·	X42	=	0	R X86	4
IVIC	TEMPLE DEF	PENDENT CLAIN	M PRESENT			+140	=	0	R +280=	
* If	the differen	ce in column 1	is less than	n zero, enter "C)" in column 2	ТОТА			``L	
		CLAIMS AS	AMEND	ED - PART I	11	·	·- L			R THAN
	Transaction of the second	(Column 1		(Column	2) (Column 3)	SMAL	L ENTIT	Y OF		L ENTITY
A I MEINDINEN I A		CLAIMS REMAINING AFTER AMENDMEN		HIGHES NUMBEF PREVIOUS PAID FOR	PRESENT EXTRA	RATE	ADD TION, FEE	AL	RATE	ADDI TIONA FEE
	Total	*	Minus	**	=	X\$ 9=	1	OF	X\$18=	
	Independent	*	Minus ·	***	=	X42=		-	\	-
1	FIRST PRES	ENTATION OF	MULTIPLE D	EPENDENT CL	AIM 🗍			- OR	\\ \dots =	
		•	•			+140=		OR	I	
						TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
16		(Column 1)	No service	(Column 2	2) (Column 3)					
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	otal	*	Minus	**	. =	X\$ 9=		OR	X\$18=	
L	ndependent	*	Minus	***	=	X42=		1	X8 ¢ =	-
F	IRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLA	IM .		l	OR	7.00-	ļ
						+140=		OR	+280=	
						TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
То	tal	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	dependent	*	Minus	***	=	X42=		1	X86	
FIF	RST PRESEN	NTATION OF MU	JLTIPLE DEF	PENDENT CLAII	М	A42=		OR -	^O(r)	
the	entry is solver	on Challes of the con-		å		+140=		OR	+280=	
the	: "Highest Num	in 1 is less than the ber Previously Pai	id For' IN THIS	SPACE is less th	nan 20 enter *20 *	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
he '	: mignest Num "Highest Numb	ber Previously Pa er Previously Paid	id For" IN THIS I For" (Total or	SPACE is less the Independent) is the	nan 3, enter "3." ne highest number fo		opriate box			
										e . e . je timeri

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

lication or Docket Number

09/555809

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
FOR NUMBER FILED NUMBER EXTRA								RATE	FEE	1	RATE	FEE	
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS									X\$ 9=		OR	X\$18=	18
IND	NDEPENDENT CLAIMS												
MU	ithe difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II +130= TOTAL OR TOTAL OTHER THAN												
* If the difference in column 1 is less than zero, enter "0" in column 2							١	TOTAL		OR	TOTAL	858	
CLAIMS AS AMENDED - PART II												OTHER	THAN
			umn 1)			Column 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		REM Al	FTER		PF	REVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	* #	Minus	**	•	=		X\$ 9=	-	OR	X\$18=	
AME	Independent	*		Minus			=		X39=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PENL	DENT CLAIM			+130=		OR	+260=	:
	. .	-							TOTAL		OR	TOTAL	
ADDIT FEE													
ENT B		CI REM	AIMS IAINING FTER		PF	NUMBER REVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	* 2	<i>50</i>	Minus	**	21	= 9		X\$ 9=		OR	X\$18=	162
ME	Independent	*	4	Minus	<u> 1</u>	<u>(.)</u>	=	Ì	X39=		OB	XXE	86
_	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PEND	DENT CLAIM			400			.000	
											,	1260₹	67172
								,	ADDIT. FEE		OR	ARTITLE	240
							(Column 3)				Z		
ENT C		REM A	IAINING FTER		PF	NUMBER REVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	* 3	30	Minus	**	30	=	1	X\$ 9=		OR	X\$18=	
AME	Independent	*	4	Minus			=	ľ	X39=		OB/	X78=	
	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PENE	DENT CLAIM		ł					
**	REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOTAL AMENDMENT PREVIOUSLY PAID FOR TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) (Column 3) (Column 3) (Column 3) (Column 4) (Column 3) (Column 3) (Column 5) (Column 6) (Column 6) (Column 7) (Column 7) (Column 7) (Column 8) (Column 8) (Column 8) (